PRINTED: 10/05/2015 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING 09/03/2015 IL6005144 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 JENKISSON **CLARIDGE HEALTHCARE CENTER** LAKE BLUFF, IL 60044 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Final Observations S9999 Statement of Licensure Violations 300.615 e) 300.615 f) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. THIS REQUIREMENT WAS NOT MET AS EVIDENCED BY: Based on interview and record review the facility failed to check resident names on the Illinois Attachment A

Illinois Department of Public Health

supplemental sample.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

State Police (ISP) and Illinois Department of Corrections (IDOC) websites within 24 hours after

admission. This is for 1 of 1 residents (R15) reviewed for Identified Offender checks in the sample of 16 and 2 residents (R21, R30) in the

TITLE

Statement of Licensure Violations

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6005144	B. WING		09/03/2015	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  700 JENKISSON LAKE BLUFF, IL 60044						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	TION SHOULD BE COMPLETE THE APPROPRIATE DATE	
S9999	Continued From page 1		S9999			
	and IDOC websites August 31, 2015 (to were both admitted and IDOC website of later on July 20, 20 <sup>o</sup> On September 2, 20 Resources) stated, was admitted. We do it but I think she said there was a mi someone else did F	on August 21, 2015. The ISP were not checked until en days later). R15 and R30 on July 17, 2015. The ISP checks were completed 3 days				
		TOTAL AND MANAGEMENT AND				